

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11171

1. Entity Name

GOLF VIEW TERRACE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90037 020 ****61.25

Principal Place of Business

Mailing Address

2196 KNOX MCRAE ~~DRIVE~~
 UNIT L
 TITUSVILLE FL 32780

2196 KNOX MCRAE
 UNIT L
 TITUSVILLE FL 32780-5265

2. Principal Place of Business

2196 KNOX MCRAE DRIVE

3. Mailing Address

2196 KNOX MCRAE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

City & State

TITUSVILLE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32780

Country

U.S.A.

Zip

32780-5265

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALBERT, HARVEY
 4190 HICKORY LAKE CT
 UNIT H
 TITUSVILLE FL 32780

Name

FRANK TYNAN

Street Address (P.O. Box Number is Not Acceptable)

2196 KNOX MCRAE DRIVE

City

TITUSVILLE

FL

Zip Code

32780

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 30, 2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TALBERT, HARVEY	
STREET ADDRESS	4190 HICKORY LAKE CT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOULT, SHIRLEY	
STREET ADDRESS	2196 KNOX MCRAE, UNIT L	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RZASA, JOHN	
STREET ADDRESS	2196 KNOX MCRAE UNIT H	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNAN, MONICA	
STREET ADDRESS	2196 KNOX MCRAE DRIVE, UNIT L	
CITY-ST-ZIP	TITUSVILLE, FL, 32780	
TITLE	TA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNAN, FRANK	
STREET ADDRESS	2196 KNOX MCRAE DRIVE, UNIT L	
CITY-ST-ZIP	TITUSVILLE, FL, 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. TYNAN RAY Apr. 17, 2000

#321-383-8045

CR2E037 19/99